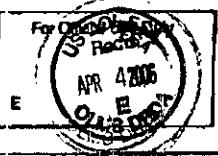


LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 83-257, as amended. Failure to comply may result in criminal prosecution, fine, or civil penalties as provided by 29 U.S.C. 438 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 2522 9	2. Fiscal Year Covered Prior <input type="checkbox"/> / <input type="checkbox"/> / <input checked="" type="checkbox"/> Through <input type="checkbox"/> / <input type="checkbox"/> / <input checked="" type="checkbox"/>
3. Name and address of person filing.	
Name DAVID KLEFFER	Name SILVIA
P.O. Box, Bldg., Room No., If any	Labor Organization File Number 000-137
Street 1313 L ST NW	P.O. Box, Building and Room Number, If any
City WASHINGTON	Street 1313 L ST NW
State DC	City WASHINGTON
ZIP Code + 4 20005	State DC
ZIP Code + 4 20005	ZIP Code + 4 20005
5. Position in labor organization. Division Director	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employee your organization represents or is actively seeking to represent.	B. Name and address of Employer (including trade name, if any).	C. Nature of Interest, Type, Location, or Income.
	Name <input type="text"/>	<input type="text"/>
	Trade Name, If any: <input type="text"/>	<input type="text"/>
	P.O. Box, Bldg., Room No., If any: <input type="text"/>	<input type="text"/>
	Street: <input type="text"/>	<input type="text"/>
	City: <input type="text"/>	<input type="text"/>
	State: <input type="text"/> ZIP Code + 4: <input type="text"/>	<input type="text"/>
		7.b. Amount.

Signature

16. Signature and verification. I, the individual declaim, under penalty of Perjury and other applicable provisions of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been dictated by the signatory and is, to the best of the signatory's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

SIGNED

On

3/8/06

Date

202-730-7318

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employee you or your organization represents or is actively seeking to represent; or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a business in which your labor organization is interested.

B. Name and address of Business (including trade name, if any).

Name Prewitt Organizing Fund

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any P.O. B. 486

Street _____

City JACKSONVILLEState AL ZIP Code + 4 38265

C. If 9.b. or 9.c. is checked give full name of employee's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street _____

City _____

State _____

ZIP Code + 4 _____

9. Business deals with:

 a. Labor Organization b. Total c. Employer

10.a. Nature of such dealing.

My wife, Pamela Kieffer does organizer recruitment for Prewitt.

11.b. Approximate dollar value of such dealing. 22,025.00

12.a. Nature of interest held or income received.

Hourly fee for service. Total income from Prewitt is
\$ 22,025.00

12.b. Amount. 22,025

C. Received from any employer (of) or from an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street _____

City _____

State _____

ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer a. Consultant ?14.b. Amount of payment.